

Quality Review Checklist for SSI/SSDI Applications and Disability Determinations

I. Establishing Protective Filing Date			
A. Was SSA contacted to establish protective filing date?	' Yes	' No	
What method was used?	' Phone	' (local SSA)	' On-line
	' 1-800-772-1213 (SSA toll-free)		
B. Was filing date noted in individual's chart?	' Yes	' No	
C. Does the worker have proof of establishment of protective filing?	' Yes	' No	
D. Protective Filing Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	MM	DD	YYYY
II. SSI/SSDI Applications: Non-Medical Aspect			
A. SSI Application (SSA-8000)			
1. Was SSA-8000 initiated:	By phone?	' Yes	' No
	In person?	' Yes	' No
2. Date completed:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	MM	DD	YYYY
3. Critical parts of SSI Application			
(a) Was documentation of marital status needed?		' Yes	' No
If yes, was it gathered and submitted?		' Yes	' No
(b) Did immigration status need to be addressed?		' Yes	' No
If yes, was documentation submitted?		' Yes	' No
(c) Was living arrangement documentation provided?		' Yes	' No
(d) Was documentation of assets/resources provided?		' Yes	' No
(e) Was documentation of income provided?		' Yes	' No
B. SSDI Application (SSA-16)			
1. Was application for SSDI (SSA-16) completed?		' Yes	' No
(a) Submitted on-line?		' Yes	' No
(b) Submitted in-person?		' Yes	' No
(c) Submitted by phone?		' Yes	' No
2. Date completed:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	MM	DD	YYYY
C. Was Appointment of Representative (SSA-1696) signed and submitted?		' Yes	' No
D. Was Statement of Claimant (SSA-795) regarding current legal status completed and submitted?		' Yes	' No
1. If legal complications existed, were these taken care of?		' Yes	' No
III. SSI/SSDI Applications: Disability Report SSA-3368			
A. Was SSA 3368 Disability Report completed?		' Yes	' No
1. Submitted on-line?		' Yes	' No
2. Submitted in-person?		' Yes	' No
3. Submitted by phone?		' Yes	' No
B. If SSDI application was also completed, was information about date of onset of disability and date last worked consistent with SSA 16?		' Yes	' No
C. On the Disability Report (SSA-3368), was the following information provided:			
1. Additional contact person besides appointed representative on page 1?		' Yes	' No
2. All physical and mental health problems listed in the individual's words?		' Yes	' No
3. Clear explanation of how health problems keep individual from being able to work?		' Yes	' No
4. Complete listing of employment history from past 15 years with best estimates of tasks, duration, pay, and dates worked?		' Yes	' No

5. Comprehensive listing of medical clinics, hospitals, health care providers (addresses, phone numbers, and dates of treatment, where possible) for ALL past and current physical and mental health treatment, including:		
(a) Reasons for treatment/treatment provided?	' Yes	' No
(b) Medications currently taking, what they're for, and ALL side effects?	' Yes	' No
(c) All recent medical tests with approximate dates and location?	' Yes	' No
6. Are ALL questions answered with complete information and any clarifications included in remarks?	' Yes	' No
7. Are all questions answered in individual's words?	' Yes	' No
8. Are additional sheets of information included as needed?	' Yes	' No
D. Were enough releases of information (SSA-827) completed for all treatment sources, signed and NOT dated?	' Yes	' No
IV. Medical Summary Report		
<i>A. Introduction</i>		
1. Does the first section of the Medical Summary Report accurately provide the physical description of the individual, the person's interacting pattern, pattern of speech, ability to answer questions, etc.?	' Yes	' No
2. Does the description give the reader an understanding of what it is like to be with this person?	' Yes	' No
<i>B. Personal History- Does this section cover:</i>		
1. Any trauma issues, including physical and/or sexual abuse (Brain damage is covered under physical health)?	' Yes	' No
2. Educational history, including information on learning difficulties, grades repeated, special education, relationships with other students/teachers?	' Yes	' No
3. Employment history for 15 years, including all jobs, reasons for leaving, job skills, problems on-the-job in terms of task completion and relationships with supervisors/co-workers?	' Yes	' No
4. Legal history, i.e., arrests, convictions, incarcerations (including treatment in jail/prison), probation, parole?	' Yes	' No
5. Problems in personal/intimate relationships, including problems with children and current relationships?	' Yes	' No
<i>C. Treatment History</i>		
1. Does treatment history include substance use history and treatment, including detox?	' Yes	' No
2. Does substance use history address reason for use, impact of use (what person feels is positive/negative), treatment history, current drug of choice (reasons, positives/negatives)?	' Yes	' No
3. Physical health history: Hospitalizations? Surgeries? Falls/accidents/fights involving head injuries? Current health problems? Medications? Primary care provider? If no treatment now, why?	' Yes	' No
4. Mental health history: First symptoms? Age and impact of first symptoms? Hospitalizations? Day treatment/partial hospitaliz.? Outpatient treatment? Psychiatric rehab. services? Emergency room visits? Medications? If no current treatment, why?	' Yes	' No
<i>D. Functional Information</i>		
1. Description of all functional levels of impairment separated by: activities of daily living, social functioning (incl. ability to be with and relate to other people), impairment of persistence and pace in completion of tasks, efforts at working 3 or more times in last year?	' Yes	' No
<i>E. Summary Ending</i>		
1. Does the report contain a summary of diagnosis, impairment, evidence of significant functional impairment?	' Yes	' No
2. Is report co-signed by a physician/psychiatrist or psychologist?	' Yes	' No
3. Are contact names and phone numbers included for the primary writer of report and the co-signing physician/psychiatrist/psychologist?	' Yes	' No